

Vendor Application for Salisbury-Rowan Farmer's Market



Name _____

Farm Name _____

Address _____

Phone number _____ E-mail _____

County in which the product is grown or product produced _____.

List of the produce or product(s) you wish to sell at the market.

Have you ever participated in other farmer's markets? If so which market. _____

Number of hours anticipated at this market? Half day _____ Full day _____ other _____

Days that you wish to participate:

_____ Tuesday 7:30 a.m. to 5:00 p.m.

_____ Thursday Evening 4:00 p.m. to 8:00 p.m.

_____ Saturday 7:30 a.m. to 5:00 p.m.

- The annual membership fee for the market is \$20.00 which includes a peddler's license and insurance for Salisbury Rowan Market only.
- There is a \$10.00 fee for Tuesdays and Saturdays. Thursday evening fee is \$5.00.

I have read and agree to abide by the rules and policies of the Salisbury-Rowan Farmer's Market.

Signature _____

Send application to:
Darrell Blackwelder
2727-A Old Concord Rd.
Salisbury, NC 28146
704-633-0571
704-636-2840 fax
darrell_blackwelder@ncsu.edu

